UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	Page 1 of O
Name: DAL LA MAGNA	Daytime Telephone:	18 JUN 12 AM IO: 19
New Member of or Candidate for State: NY  U.S. House of Representatives District: 19  Candidates - Date of Election: NOV 6 2018	Check if Amendment	MU.S. HOUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee Staff FII  Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant to JUNE 1, 2018	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting sigh the date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No  F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BO</u>		TH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed. It child?	lave you excluded Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent chi exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they meet all three tests for the on Ethics.	t all three tests for Yes No X
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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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×	X	X	X	×	Indefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$15,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$1,000,000 \$500,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$50,000,000 \$5,000,001-\$50,000,000 \$5,000,001-\$50,000,000 \$5,000,001-\$50,000,000 \$5,000,001-\$50,000,000 \$5,000,001-\$50,000,000			Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."  "Column M is for assets held by your spouse or dependent child in which you have no interest.	Value of Asset	ВГОСК В
×		×	×	Partnership	Royatties	×	NONE DIVIDENDS  RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			Check all columns that apply. For accounts that generate tax-deferred income (such as that generate tax-deferred income (such as the Clay-Deferred column. Dividends. Uniterast, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Type of Income	вьоск с
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ACE BOOK X	ACCOUNT ACCOUN	- I B F AT Y BANK	CESTONE HESTER	K X X X X X X X X X X X X X X X X X X X	HINESEE NY X	STOLO LUTES VARIAN	SUCS BOWA	MATTER STATE STATE X	WHAVE ARGENOR X	ANCAPANTIENT X	BANK AMERICA X	ASSET NAME EIF	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$15,000 \$50,001-\$50,000 \$500,001-\$250,000 \$500,001-\$250,000 \$500,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS RENT	A B C D E F G X - J X C X		Assets and/or Income Sources Value of Asset	BLOCK A BLOCK B
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: DAL LAMAGNA

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Name: Dal LaMagna Page of SCHEDULE A - ASSETS & UNEARNED INCOME	Value of Asset	Value of Asset Type of Income	Amount of Income	
	Cost Amount		Current Year	Preceding Year
Domini Social Investments LLC	3,647,991.34	3,647,991.34 Partnership Income	None	\$100,000-\$1,000,000
Kos Media LLC	197,173.00	197,173.00 Partnership Income	None	\$100,000-\$1,000,001
Margaret O'Leary, Inc. (Sub S)	464,139.88	464,139.88 Partnership Income	None	\$50,000-\$100,000
Small World Trading Corp (Sub S) (EO Nat)	500,000.00	500,000.00 Partnership Income	None	\$100,000-\$1,000,000
Momma Chia, LLC	73,698.00	73,698.00 Partnership Income	None	\$1,001-\$2,500
Воохbу	100,000.00	100,000.00 Partnership Income	None	None
CNS Communications Dying To Know	50,000.00	50,000.00 Partnership Income	None	None
Doubting Thomas (McFadden)	150,000.00	150,000.00 Partnership Income	None	None
Earcrush	99,999.98	99,999.98 Partnership Income	None	None
Enteris	250,000.00	250,000.00 Partnership Income	None	None
The Last Dalai Lama	160,500.00	160,500.00 Partnership Income	None	None
Earthstone International, LLC	339,980.27	339,980.27 Partnership Income	None	None
Growstone, LLC	335,000.00	335,000.00 Partnership Income	None	None
IceStone, LLC	3,000,000.00	3,000,000.00 Partnership Income	None	None
MeOhMy	25,000.00	25,000.00 Partnership Income	None	None
Ntercept, LLC 128349 SeriesA Peferred	100,000.00	100,000.00 Partnership Income	None	None
One World Futbol Project LLC	17,069.00	17,069.00 Partnership Income	None	None
Ubiquity	100,000.00	100,000.00 Partnership Income	None	None
Undercare, Inc.	126,562.50	126,562.50 Partnership Income	None	None
Investment Property				
7th Avenue Poulsbo Rear	384,349.00 Rent		None	None
7th Avenue Poulsbo Street	363,593.00 Rent		None	None
Germantown Land	431,547.00 Rent		None	None
Lot C Sherman Hill Poulsbo	90,000.00 Rent		None	None
Rte 3 Poulsbo	12,065.00 Rent		None	None
Peterson Road	172,690.00 Rent		None	None
Browns Pond Road	39,373.45	Rent	None	None

## **SCHEDULE D - LIABILITIES**

Name: DAU VANAGUA

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and \*Column K is for liabilities held solely by your spouse or dependent child.

			sp. Dc. Jт		
3817	CARC	Example			
CIBERTY BANK PONUSO	CARVA REUBENTRUST	First Bank of Wilmington, DE	Creditor		
7/2015 8/2016	1/2018	5/98	Date Liability Incurred MO/YR		
HORTOAGE	10AN	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000	Co.	
			\$50,001- \$100,000	G	
	XX	×	\$100,001- \$250,000	0	,
			\$250,001- \$500,000	m	moun
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			Over \$50,000,000	ر	
			Over \$1,000,000*		1

## SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years

EDE_	STAMP STAMPEDE	BOARD OF DIRECTORS
C	ICESTONE, LLC	CEO, MANAGIND PARTNER I CESTONE, LLC
Name of Organization		Position

## SCHEDULE C - EARNED INCOME

Name: DAL LAMAGNA

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.  Amount	mit is \$28,050. In addition, certa staff.	iin types of income (notably honorar Am	noraria, director's fees, and payments for <b>Amount</b>
Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Battimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civit War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 \$0 N/A	\$1,000 \$1,000 N/A
PORATION	Spouse- water coustands	NIA	NIA